

Library Council of Washington Application Form

Major Responsibilities

1. *To participate actively, contribute to, and evaluate the work of the Library Council of Washington;*
2. *To advise the Washington State Library Commission and the Washington State Library staff on policy, procedures, and evaluation of the LSTA program;*
3. *To determine broad policies and guidelines for the administration of federal funds for libraries and recommend them to the Washington State Library Commission;*
4. *To communicate with constituencies within the library community, and reflect their issues, concerns, and viewpoints;*
5. *To maintain awareness in current issues and concerns in appropriate areas of expertise, and of general library issues and trends, particularly as they affect Washington State;*
6. *To be knowledgeable about the development of libraries and library service within Washington State;*
7. *To assume other such responsibilities which may, from time to time, be necessary for the effective operation of the Library Council of Washington;*
8. *To respond to any requests of it by the Washington State Library Commission and/or Washington State Library staff consistent with its purpose*

Please complete, sign, and return by June 21, 2002 to:

Anne Yarbrough
Washington State Library
Post Office Box 42460
Olympia, Washington 98504-2460

Name: _____

Address: _____

Phone number: _____ **Fax number:** _____

E-mail address: _____

One vacancy for a Special Library representative currently exists on the Library Council of Washington. Given that the other special library representative on the Council is filled by a medical librarian, preference for this vacant position will be given to staff from other types of special libraries. This is the remainder of a three-year term expiring in December 2004. The Special Library position has the potential for appointment to an additional term of three years.

Please check which Library and/or Special Expertise position you are applying for (or the individual you are nominating will represent) : _____ Special Libraries

Application (page 2)

Please attach additional pages if necessary

1. If this application is the result of a nomination by an organization, which one?
2. Please state how you (this individual) meet (meets) the Criteria for Membership for this position.
3. What contribution would you (this individual) bring to the work of the Library Council of Washington?
4. Please discuss the areas of knowledge or special expertise which you (the nominee) would bring to the Library Council of Washington:

Application (page 3)
Please attach additional pages if necessary

5. What other activities or organizational commitments do (does) you (this individual) currently have?
6. How do (does) you (this individual) expect to communicate with the constituent communities that you would represent?

(If this is a nomination, please request the signature of the nominee.)

I understand that appointment to the Library Council of Washington is for the term described above. I have the approval of my institution for participation on the Council. I agree to attend the meetings of the Council for the duration of the term.

Signed:_____ **Date:**_____